

Application No. 09/914,407
Reply to Office Action dated August 11, 2005

PATENT
450108-02924

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Noma, Hideki
Serial No. : 09/914,407
For : PURCHASE SYSTEM AND METHOD, ORDER
ACCEPTING DEVICE AND METHOD, AND
COMPUTER PROGRAM
Filed : August 27, 2001
Examiner : Thein, Maria Teresa T.
Art Unit : 3627
Confirmation No. : 4158

745 Fifth Avenue
New York, NY 10151
(212) 588-0800

EXPRESS MAIL

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Date of Deposit: November 7, 2005

I hereby certify that this paper or fee is being deposited with the
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Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Baird Shindler
(Typed or printed name of person mailing paper or fee)

Baird Shindler
(Signature of person mailing paper or fee)

**AMENDMENT SUBMITTED WITH
REQUEST FOR CONTINUED EXAMINATION**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

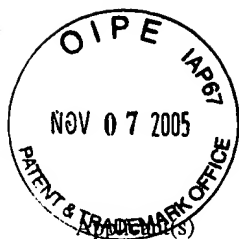
Sir:

In response to the Final Office Action mailed on August 11, 2005, having a three-
month statutory period for response set to expire on November 11, 2005, Applicant respectfully

submits herewith a Request for Continued Examination along with a check in the amount of \$790.00 as payment of the fee. Please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 19 of this paper.



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Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	50	Minus	** = 81	* 0 x	\$50 (25)	= \$ 0
Independent claims	10	Minus	*** = 21	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ _____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$ _____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Barnet Shindell
(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Thomas F. Presson
Thomas F. Presson
Reg. No. 41,442